

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)																								
FY 2009																										
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>																										
Application Number: 10/661,508		Filed: September 15, 2003																								
For: LIABILITY INSURANCE COVERAGE REFERRAL SYSTEMS AND METHODS																										
Art Unit: 3629		Examiner: Kimberly L. Evans																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;"></th> <th style="text-align: center; padding: 2px;"><u>Fee</u></th> <th style="text-align: center; padding: 2px;"><u>Small Entity Fee</u></th> <th style="text-align: center; padding: 2px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center; padding: 2px;">\$130</td> <td style="text-align: center; padding: 2px;">\$65</td> <td style="text-align: center; padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center; padding: 2px;">\$490</td> <td style="text-align: center; padding: 2px;">\$245</td> <td style="text-align: center; padding: 2px;"><u>245.00</u></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center; padding: 2px;">\$1110</td> <td style="text-align: center; padding: 2px;">\$555</td> <td style="text-align: center; padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center; padding: 2px;">\$1730</td> <td style="text-align: center; padding: 2px;">\$865</td> <td style="text-align: center; padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center; padding: 2px;">\$2350</td> <td style="text-align: center; padding: 2px;">\$1175</td> <td style="text-align: center; padding: 2px;">_____</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	_____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<u>245.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	_____
	<u>Fee</u>	<u>Small Entity Fee</u>																								
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	_____																							
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<u>245.00</u>																							
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	_____																							
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	_____																							
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	_____																							
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to</p>																										
<p>Deposit Account Number 13-3402 .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																										
<p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent. Registration Number 33,103.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p>Registration number if acting under 37 CFR 1.34. _____ .</p>																										
<p>/John A. Sopp/</p> <hr/> <p>Signature</p> <p>John A. Sopp</p> <p>Typed or printed name</p>		<p>July 5, 2011</p> <hr/> <p>Date</p> <p>703-243-6333</p> <p>Telephone Number</p>																								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																										